



1997 ECONOMIC CENSUS
SHOE STORES

OMB No. 0607-0826: Approval Expires 08/31/99

DUE DATE FEBRUARY 12, 1998

If you have questions about completing this report, please call or write the Census Bureau. In any communication, be sure to refer to the 11-digit Census File Number (CFN) printed in the label to the right. Please return your completed report to:

BUREAU OF THE CENSUS
1201 East 10th Street
Jeffersonville, IN 47134-0001

Toll-free assistance, 8:00 a.m. to 8:00 p.m., eastern time, Monday through Friday:

1-800-233-6136

Please read the accompanying instructions before answering the questions.

Census use

RT-5602

(Please correct any errors in name, address, and ZIP Code.)

YOUR RESPONSE IS REQUIRED BY LAW. Title 13, United States Code, requires businesses and other organizations that receive this questionnaire to answer the questions and return the report to the Census Bureau. By the same law, **YOUR CENSUS REPORT IS CONFIDENTIAL.** It may be seen only by Census Bureau employees and may be used only for statistical purposes. Further, copies retained in respondents' files are immune from legal process.

Item 1. EMPLOYER IDENTIFICATION NUMBER
Is the Employer Identification Number (EIN) shown in the label the same as the one used for this establishment on its latest 1997 Employer's Quarterly Federal Tax Return, Treasury Form 941?

094 1 Yes 2 No – Report current EIN below

(9 digits)

Item 2. PHYSICAL LOCATION

a. Is this establishment's physical location the same as the address shown in the label? (P.O. box and rural route addresses are not physical locations)

093 1 Yes 2 No – Report physical location below

Number and street

City, town, village, etc.

State

ZIP Code

b. Is this establishment physically located inside the legal boundaries of the city, town, village, etc.?

095 1 Yes 3 No legal boundaries
2 No 4 Do not know

c. In what type of municipality is this establishment physically located?

096 1 City, village, or borough
2 Town or township
3 Other – Specify
4 Do not know

d. In what county (e.g., Dade County) is this establishment physically located?

Item 3. OPERATIONAL STATUS
a. How many months during 1997 was this establishment actively operated?

Number of months
002

b. Which of the following best describes this establishment's status at the end of 1997? Mark (X) only ONE box.

001 1 In operation
2 Temporarily or seasonally inactive
3 Ceased operation – Give date at right
4 Sold or leased to another operator – Give date at right AND enter name, etc., below

Figures only

Month Year

Name of new owner or operator

Number and street

City

State

ZIP Code

HOW TO REPORT DOLLAR FIGURES

Dollar figures should be rounded to thousands of dollars.

Example: If a figure is \$1,125,628.79 report
• Preferred
Acceptable

Mil- lions (000) Thou- sands (000) Dol- lars (000)

1 126

1 125 629

Item 4. DOLLAR VOLUME OF BUSINESS

Mil. Thou. Dol.

Sales of merchandise and other operating receipts for 1997 (Exclude sales or other taxes collected)

010

Item 5. PAYROLL
Payroll in 1997, BEFORE DEDUCTIONS

Mil. Thou. Dol.

030

a. Annual

031

b. First quarter (January–March)

Item 6. EMPLOYMENT

Number

Number of paid employees for pay period including March 12, 1997 (Include both full- and part-time employees)

032

Item 7. KIND OF BUSINESS AND SELLING CHARACTERISTICS

a. Kind of business

What was this establishment's PRINCIPAL kind of business in 1997? Mark (X) only ONE box.

070

Men's shoe store 5661101

Women's shoe store 5661201

Children's and juveniles' shoe store 5661301

Family shoe store 5661401

Athletic footwear store 5661501

Orthopedic shoe store 5661402

Women's clothing store 5621001

Men's clothing store 5611001

Family clothing store 5651001

Shoe repair shop 7251001

Other kind of business – Describe 7777777

ITEM 7 CONTINUED ON PAGE 2

Item 7.

KIND OF BUSINESS AND SELLING CHARACTERISTICS – Continued

b. Selling characteristics

1. In what format did this establishment PRIMARILY sell in 1997? Mark (X) only ONE box.

068

From physical displays of priced merchandise . . .

1

☐

From a counter (little or no display)

2

☐

From a warehouse or office

3

☐

Other – Describe

4

☐

2. How did this establishment PRIMARILY attract new customers in 1997? Mark (X) only ONE box.

069

Location and store attractiveness

1

☐

Advertising to the general public, including direct mail advertising

2

☐

Advertising to the trade or calls directly to customers

3

☐

Other – Describe

4

☐

Item 8.

METHOD OF SELLING

What was this establishment’s PRINCIPAL method of selling in 1997? Mark (X) only ONE box.

235

Selling at this establishment

1

☐

Mail order (include catalog selling and home shopping via television or computer)

2

☐

Telemarketing

3

☐

Direct selling (include selling from house-to-house and nonfixed or temporary locations)

4

☐

Operating merchandise vending machines

5

☐

Item 9.

CLASS OF CUSTOMER

Report the percentage of this establishment’s total sales in 1997 (item 4) to each class of customer.

Whole percent of sales

237

a. General public (household consumers and individuals)

239

b. Other, including retailers; wholesalers; institutional, industrial, commercial, professional, and farm users (for use in farm production); and government

Item 10.

MERCHANDISE LINES

Report sales for each merchandise line sold by this establishment, either as a dollar figure or as a whole percent of total sales. (See HOW TO REPORT DOLLAR FIGURES on page 1 and HOW TO REPORT PERCENTS below)

HOW TO REPORT PERCENTS

If figure is 38.76% of total sales:

• Report whole percents

Not acceptable

Mil.

Thou.

Dol.

Percent

39

38.76

ESTIMATES are acceptable.
Report dollars OR percents.

Mil.

Thou.

Dol.

Percent

Merchandise lines

Cen-sus use

1. Footwear (Include accessories. Report women’s hosiery on line 2 and men’s hosiery on line 3.)

230

231

232

a. Men’s footwear (include dress and casual footwear)

0261

b. Women’s footwear (include dress and casual footwear)

0262

c. Children’s footwear (Include boys’, girls’, and infants’ and toddlers’ footwear. Include dress and casual footwear.)

0263

d. Men’s athletic footwear (include sneakers and outdoor hiking/sports boots)

0265

Item 10.

MERCHANDISE LINES – Continued

Merchandise lines

Cen-sus use

ESTIMATES are acceptable.
Report dollars OR percents.

Mil.

Thou.

Dol.

Per-cent

1. Footwear – Continued

e. Women’s athletic footwear (include sneakers and outdoor hiking/sports boots)

0266

f. Children’s athletic footwear (Include boys’, girls’, and infants’ and toddlers’ athletic footwear. Include sneakers and outdoor hiking/sports boots.)

0267

g. Footwear accessories (include polishes, laces, trees, storage bags, etc.)

0268

h. Sum of lines 1a through 1g

0260

2. Women’s, juniors’, and misses’ wear (Report girls’ and infants’ and toddlers’ wear on line 4 and footwear on line 1)

0220

3. Men’s wear (Report boys’ wear on line 4 and footwear on line 1)

0200

4. Children’s wear (Include boys’ (sizes 2 to 7 and 8 to 20), girls’ (sizes 4 to 6x and 7 to 14), and infants’ and toddlers’ clothing and accessories. Report footwear on line 1.)

0240

5. Sporting goods (include bicycles, parts, and accessories)

0500

6. Jewelry (include watches, watch attachments, novelty jewelry, etc.)

0400

7. All other merchandise (Report receipts for services on line 8)
Specify principal lines and estimated sales below

076

a.

077

b.

078

c.

9810

9811

9812

9813

8. All nonmerchandise receipts (include receipts from rentals, storage, and other services provided to customers) EXCLUDING SALES AND OTHER TAXES

9900

9. TOTAL (Should equal item 4 if reporting in dollars)

9990

Item 11.

SPECIAL INQUIRIES

Did this establishment conduct business as a department or concession in an establishment operated by another firm in 1997?

317

1 Yes

2 No

Item 12.

Not applicable to this report

Item 13.

LEGAL FORM OF ORGANIZATION

Which of the following best describes this establishment’s legal form of organization during 1997? Mark (X) only ONE box.

003

1 Individual owner (sole proprietorship)

2 Partnership

3 Cooperative association (taxable)

4 Cooperative association (tax-exempt)

5 Government – Specify

6 Corporation (Do not mark if any form of cooperative association)

7 Other – Specify

If not shown, please enter your 11-digit Census File Number from the address label on page 1

Census File Number

Item 14. OWNERSHIP, CONTROL, AND LOCATIONS OF OPERATION

a. Is the FIRST DIGIT of your Census File Number (shown in the address label immediately after "CFN") a zero?

1 ☐ Yes – Complete this item

2 ☐ No – Skip to item 15

b. Is this company owned or controlled by another company?

097

1 ☐ Yes →

2 ☐ No

Enter name, address, and EIN of the owning or controlling company

EIN (9 digits)

c. Does this company own or control any other company or companies?

098

1 ☐ Yes →

2 ☐ No

Enter name, address, and EIN of the owned or controlled company

EIN (9 digits)

d. How many establishments operated under the Employer Identification Number shown in the label (or as corrected in item 1) AT THE END of 1997?

Number

079

If more than one, provide the **physical location** address and other information indicated below for each establishment. The headquarters location should be first, followed by all other locations. If more room is needed, continue in the same format in REMARKS or on a separate sheet of paper.

Estimates are acceptable if book figures are not available.

1	Name	1997	Mil.	Thou.	Dol.
	Number and street	Sales	081		
	City	State	ZIP Code	Annual payroll	082
	Kind-of-business description	Paid employees for pay period including March 12			
	083				
Census use 088					
2	Name	1997	Mil.	Thou.	Dol.
	Number and street	Sales	081		
	City	State	ZIP Code	Annual payroll	082
	Kind-of-business description	Paid employees for pay period including March 12			
	083				
Census use 088					
3	Name	1997	Mil.	Thou.	Dol.
	Number and street	Sales	081		
	City	State	ZIP Code	Annual payroll	082
	Kind-of-business description	Paid employees for pay period including March 12			
	083				
Census use 088					

REMARKS – Please use this space for any explanations that may be essential in understanding your reported data.

Item 15. CERTIFICATION – This report is substantially accurate and has been prepared in accordance with instructions.

Period covered by this report

FROM: Mo. Year TO: Mo. Year

Name of person to contact regarding this report – Print or type

Telephone

Area code

Number

Extension

Title

Signature of authorized person

Date

PLEASE PHOTOCOPY THIS FORM FOR YOUR RECORDS